

Decision Algorithm to Assist with Identifying Patients with Suspected Ebola Virus Disease (EVD)

(Last Updated 8/09/19)

Identify Potential Risks

- **SYMPTOMS:** Has the patient had a fever, cough, general malaise, muscle weakness, vomiting, diarrhea, abdominal pain, fatigue or unexplained hemorrhage (bleeding or bruising)?
- AND-**
- **EXPOSURE:** In the **3 weeks (21 days)** before symptom onset, has the patient:
 - 1) been in a country currently experiencing an EVD outbreak (<https://www.cdc.gov/vhf/ebola/outbreaks/index-2018.html>) or in areas where there have been confirmed EVD cases (<https://wwwnc.cdc.gov/travel/diseases/ebola>)
 - OR**
 - 2) had close contact with a sick person who was in a country experiencing an EVD outbreak or in areas where there have been confirmed EVD cases

YES

NO

Take Precautions

- Provide patient with a surgical mask and maintain a distance of 3 feet (1 meter) away from the patient.
- Isolate the patient in a single room with a private bathroom and keep the door closed.
- Place signage indicating that the appropriate Personal Protective Equipment (PPE) must be worn prior to entering the room and doffing areas.
- Notify appropriate personnel within your facility (e.g. unit manager, infection control).

EVD NOT SUSPECTED

Proceed with Registration

Evaluate the Patient

- Don appropriate PPE prior to entering patient's room.*
- Clinically assess the patient
- Interview patient to further evaluate risk using the DC Health **Evaluating a Person Under Investigation for EVD** form

EVD SUSPECTED

Notify DC Health:

- Call the **DC Health On-Call Epidemiologist: (844) 493-2652**
 - Report **Evaluating a Person Under Investigation for EVD** form information
 - DC Health will make an assessment on the patient's risk for EVD and coordinate the appropriate next steps (e.g. contacting CDC, facilitating patient transport, testing the patient for EVD).

EVD NOT SUSPECTED*

Proceed with patient clinical assessment per facility procedures

***NOTE: Ambulatory and Outpatient Facilities should always notify DC Health to rule out a suspected case**

PPE Recommendations

- **No one should have direct contact with a Person Under Investigation (PUI) for Ebola without wearing appropriate personal protective equipment (PPE).**
- *Refer to facility procedures and protocols or CDC guidance on PPE donning and doffing procedures.
- Have a secondary staff member observe donning and doffing to ensure all steps are properly performed to prevent contamination.
- If direct patient contact is necessary, staff members who are trained in proper donning and doffing of PPE for Ebola should be designated to interact with the PUI.

Isolation Recommendations

- Place patient in private room or area, preferably enclosed with private bathroom or covered commode.
- If direct contact is necessary, appropriate PPE and dedicated equipment must be used to minimize transmission risk.

Patient Evaluation Recommendations

- Consider alternative diagnoses (such as malaria) and evaluate appropriately.
- Avoid aerosol-generating procedures (ex: mechanical ventilation, intubation, airway suction, or nebulizer treatment).

Infection Control Recommendations

- Restrict visitors access to patient rooms
 - Consider using alternative communications tools (such as tablets, intercoms, and video conferencing)
- Only essential healthcare personnel with designated roles should enter the room or evaluate patient.
- *Any reusable equipment should not be reused until it has been appropriately cleaned and disinfected.
- **Follow CDC guidelines for cleaning, disinfecting, and managing waste.
- Keep a log of everyone who enters and leaves the patient's room.

*<https://www.cdc.gov/vhf/ebola/clinicians/index.html>

**<https://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html>